

STATE OF HAWAII — DEPARTMENT OF TAXATION
**APPLICATION FOR EXTENSION OF TIME TO FILE
THE TRANSIENT ACCOMMODATIONS TAX
ANNUAL RETURN AND RECONCILIATION (FORM TA-2)**

Please read instructions below before preparing form.

OPERATOR'S
NAME: _____

BUSINESS
NAME (DBA): _____

ADDRESS: _____

ZIP CODE +4: _____

T.A. ID. NO. _____

APPLICATION is hereby made for an extension of time to file the transient accommodations tax annual return and reconciliation (Form TA-2).

- a. For: ☐ calendar year ending December 31, 20____
☐ fiscal year ending ____/____/____
MO DAY YR
- b. An extension is requested until:
(No more than 3 months. See Instructions below.)
____/____/____
MO DAY YR
- c. Were you previously granted an extension of time to file this return?
☐ Yes ☐ No If yes, previous extension was granted to ____/____/____
MO DAY YR

d. This extension is necessary for the following reasons (See Instructions below):

e. **ADDITIONAL TAXES DUE.** (If no payment is due, enter "0".) Attach your check or money order payable to
"HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank **AND** Form VP-1 to Form TA-8.
Write "TA-8", the tax year, and your T.A. Registration number on your check or money order.

\$

DECLARATION

I declare under the penalties set forth in section 231-36, HRS, that the statements contained herein are true and correct, prepared in accordance with the provisions of the Transient Accommodations Tax Law and the rules issued thereunder.

SIGNATURE OF OWNER, PARTNER OR MEMBER, OFFICER, OR DULY AUTHORIZED AGENT _____

DATE _____

INSTRUCTIONS FOR PREPARATION OF THIS FORM

NOTE: This form may be electronically filed (e-filed) with the Department of Taxation. For more information, go to: www.ehawaii.gov.org/efile

- Extensions will only be granted for 3 months or less. See 6 below if additional extensions are needed.
- Extensions will only be granted for a good reason (e.g., hospitalization of taxpayer). A full explanation of the reasons you need an extension must be given.
- This extension of time to file is **NOT AN EXTENSION OF TIME TO PAY**. If additional transient accommodations tax is due for the year, write the amount due on line e. Your check or money order for the entire amount, payable to "HAWAII STATE TAX COLLECTOR" in U.S. dollars drawn on any U.S. bank and Form VP-1, Tax Payment Voucher, must be attached to this form.
- Submit the completed form to the taxation district with which you are registered **ON OR BEFORE THE ORIGINAL DUE DATE OF THE RETURN**. Applications for extensions filed after that date will **not** be granted.
- IMPORTANT** — Approved applications for extensions are **ONLY** valid if all monthly, quarterly, or semiannual periodic returns (Form TA-1) for the year have been filed.
- ADDITIONAL** extensions of time to file the transient accommodations tax annual return and reconciliation beyond the initial 3-month period may be requested by completing this form and submitting it to the taxation district with which you are registered before the expiration of the initial 3-month extension.
- IMPORTANT** — The total period for which extensions will be granted **cannot** exceed six (6) months.

THIS SPACE FOR DATE RECEIVED STAMP

MAILING ADDRESSES

(Please direct all inquiries and correspondence to the district office with which you are registered.)

OAHU DISTRICT OFFICE
P.O. Box 2430
Honolulu, HI 96804-2430
Telephone: 808-587-4242
Toll Free: 1-800-222-3229

MAUI DISTRICT OFFICE
P.O. Box 1427
Wailuku, HI 96793-6427
Toll Free: 1-800-222-3229

HAWAII DISTRICT OFFICE
P.O. Box 937
Hilo, HI 96721-0937
Toll Free: 1-800-222-3229

KAUAI DISTRICT OFFICE
P.O. Box 1687
Lihue, HI 96766-5687
Toll Free: 1-800-222-3229